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REPORT OF RECEIPTS AND DISBURSEMENTS

15 MAY 21 PM 4 - 4.U

	For An 7	For An Authorized Committee				Office Use Only		
1. NAME OF COMMITTEE	TYPE OR PRIN		ample: If typing, ty er the lines.	/pe	12FE4M5	•		
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ADDRESS (numbe	er and street)	3 45	372 A	ntelo	pe Cr	eek.Rd		
▼ `	Romi	d City	AS T		<u> </u>	<u> </u>		
Check i than pre reported		rial Ci			30	577031-		
•	TIFICATION NUMBER ▼	CITY ▲		ST	ATE A	ZIP CODE ▲		
С		3. IS THIS REPORT	× (N) C	PR	AMENDE (A)	STATE ▼ DISTRICT		
4. TYPE OF	REPORT (Choose One)	(b) 12-Day PRE	-Flection Report f	or the:				
(a) Quarter	ly Reports:	•			General (12G) Runoff (12R)			
X A	ril 15 Quarterly Report (Q1)		Primary (12P) Convention (12C)		Special (12S)			
Jul	y 15 Quarterly Report (Q2)					:5)		
Oct	tober 15 Quarterly Report (Q3)	Election on				in the State of		
Jar	nuary 31 Year-End Report (YE)	(c) 30-Day POS	T-Election Report	for the:		MAKADAMAT UP-1		
			General (30G)		Runoff (30F	R) Special (30S)		
X Ter	mination Report (TER)	Election on	5A **			in the State of		
5. Covering Pe	eriod ÖÏ ÖÏ	<u>'</u> 2015	through	۵3	31	aŭis:		
Logify that I ha	eve examined this Report and t	to the hest of my ki	nowledge and heli	of it is true	correct and	complete.		
Type or Print Na	\mathcal{V}	mberli	Geid	_1				
Signature of Trea	asuror Lundel	h Lex	del	Đa	, 05	13 2015		
NOTE: Submission	n of false, erroneous, or incomp	lete information may	subject the person	signing this	s Report to the	e penalties of 52 U.S.C. §30109		
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